

# ECS Configuration Change Request

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<b>CCR No.</b> 96-1027	<b>Logged Date</b> 9/11/96	<b>Rev.</b> -	<b>Request Type</b> CCR
<b>Priority</b> Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/>	<b>Affected Release</b> B		<b>Change Class</b> II
<b>Title</b> (description) Baseline ASTER ICD 209-CD-002-003			
<b>Documents</b> ECS/ASTER GDS ICD		<b>Source Nos</b> (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference	
<b>RTM Change</b> <input type="checkbox"/> <b>Start New Baseline</b> <input checked="" type="checkbox"/>			
<b>Relocation of the ASTER Gateway from Japan to EDC resulted in significant impact to the ECS/ASTER GDS ICD.</b> <b>Additional comments/changes have been received from ERSDAC and ECS developers.</b>			
<b>Proposed Solution</b> <b>Baseline the ICD to incorporate changes and submit for CCB approval</b>			
<b>Impact Analysis:</b> Organizations Affected: BOO <input checked="" type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input checked="" type="checkbox"/> M&O <input checked="" type="checkbox"/> QA <input checked="" type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input checked="" type="checkbox"/> SMO <input checked="" type="checkbox"/> Subconts <input type="checkbox"/> A.1 <input type="checkbox"/> Other _____ Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> <small>(Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)</small> Schedule: None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator <u>L. Switalski</u>		(Signed) <u>L. Switalski</u> 9/11/96 Signature Date	
Office _____		Office Manager (Signed) <u>Robin Whitehurst</u> 9/11/96 Signature Date	
<b>Disposition</b> Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: _____  CCB Chairperson (Signed) <u>R. E. Clinard</u> 9/11/96 Signature Date			

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**ECS**